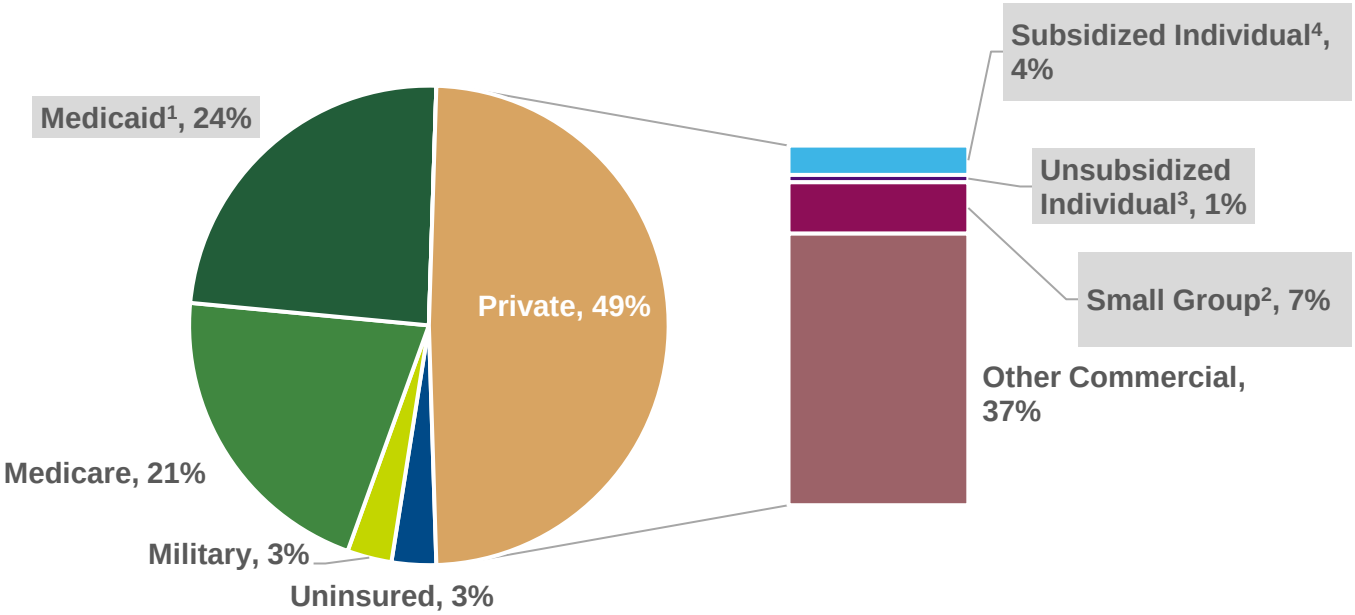
VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

HEALTH INSURANCE IN VERMONT*



More than one out of three Vermonters are covered by a health plan that is administered and/or certified by the Department of Vermont Health Access (DVHA).

[1]Enrollment administered by DVHA, benefits managed by DVHA

[2]Certified by DVHA, enrollment and benefits administered by insurance company partners

[3]Certified by DVHA, enrollment administered by DVHA or by insurance company partners, benefits managed by company partners

[4]Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance company partners

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

2022 BENEFIT MAP: QUALIFIED HEALTH PLANS (INDIVIDUALS AND SMALL GROUPS) AND MEDICAID

<table>
<tr><th colspan="4">Total Medicaid: 200,517[1] (192,317)[6]</th><th colspan="4">Total Commercial: 69,958 (71,124)[6]</th></tr>
<tr><th colspan="3">Medicaid Health Insurance</th><th>Other Medicaid Benefits</th><th colspan="2">Health Insurance Marketplace Qualified Health Plans (QHP)[2]</th><th colspan="2">Direct from Insurance Companies[3] QHP & Reflective</th></tr>
<tr><td colspan="3">Total: 186,663</td><td>Total: 13,854</td><td colspan="2">Total: 24,189</td><td colspan="2">Total: 45,769</td></tr>
<tr><td colspan="3">Medicaid for the Aged, Blind & Disabled[4]:
25,869 (25,954)[6]</td><td rowspan="2">Pharmacy Assistance (Only):
9,419
(9,830)[6]</td><td colspan="2">Total w/ Subsidy[4]:
21,736 (20,762)[6]</td><td colspan="2">Small Businesses:
40,459 (40,426)[6]</td></tr>
<tr><td>Aged, Blind & Disabled Adults:
6,017</td><td>Duals (Medicare & Medicaid):
18,389</td><td>Blind, Disabled Children:
1,463</td><td>State & Federal Subsidy:
10,263</td><td>Federal Only Subsidy:
11,473</td><td>QHP:
29,679</td><td>Reflective:
10,780</td></tr>
<tr><td colspan="3">Medicaid for Children and Adults[4]:
160,794 (152,172)[6]</td><td rowspan="2">Choices for Care:
4,435
(4,361)[6]</td><td colspan="2">No Advanced Payment of Subsidy:
2,453 (3,636)[6]</td><td colspan="2">Individuals:
5,310 (6,300)[6]</td></tr>
<tr><td colspan="2">Adults:
93,398</td><td>Children:
67,396</td><td>Not Eligible[7]:
1,016</td><td>Unknown[5,7]:
1,437</td><td>QHP:
3,347</td><td>Reflective:
1,963</td></tr>
</table>

[1] Medicaid enrollment = state fiscal year-to-date actual caseload from Medicaid Program Enrollment and Expenditures Quarterly Report.

[2] Health Insurance Marketplace (Vermont Health Connect) = September effectuated members from DVHA enrollment reports.

[3] Direct from Insurance Companies = September effectuated members as reported by insurance companies to DVHA.

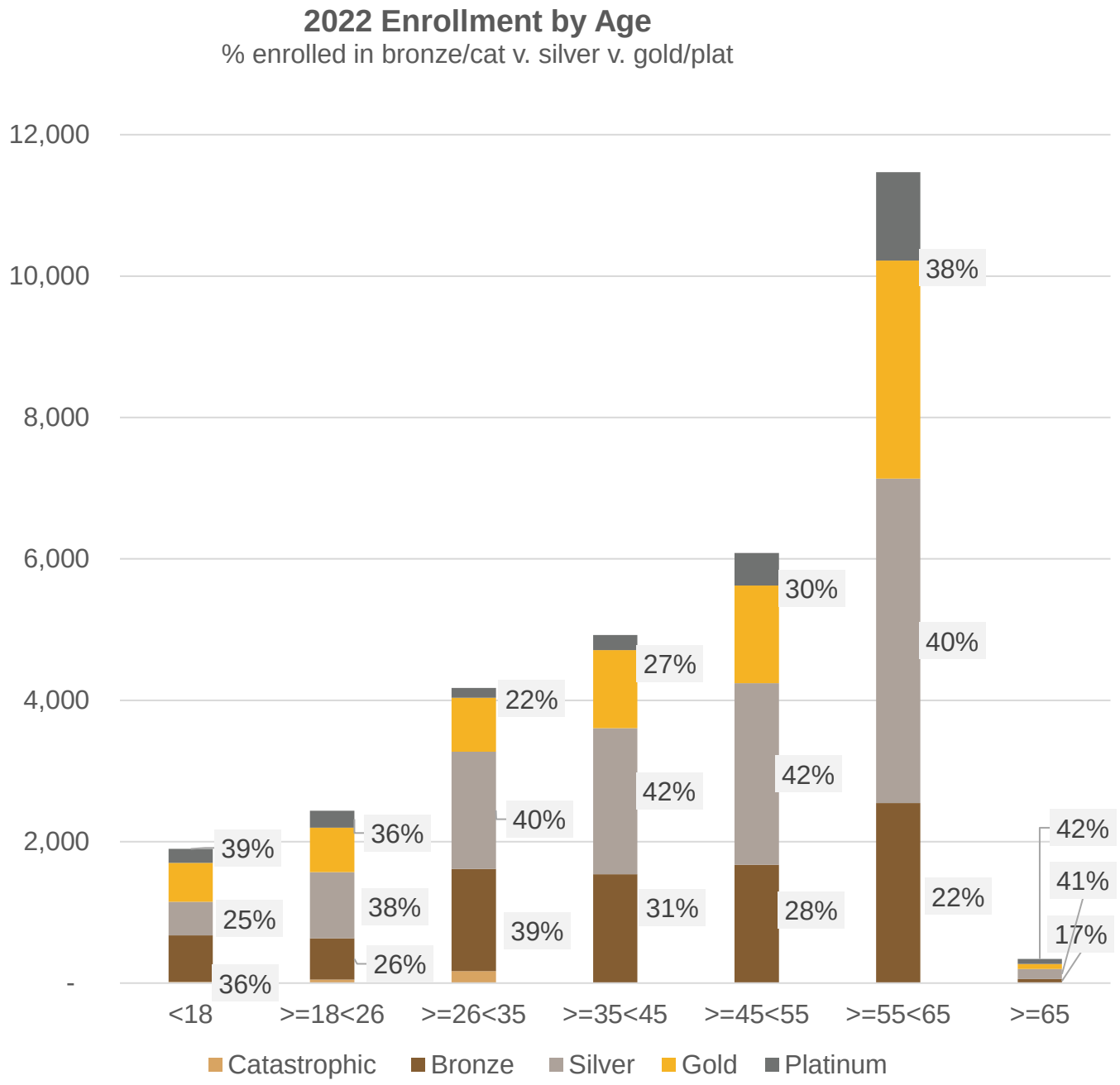
[4] DVHA uses the tax-based measure of income, Modified Adjusted Gross Income (MAGI), to determine eligibility for Medicaid for Children and Adults and financial help for qualified health plans in accordance with the Affordable Care Act. Medicaid for the Aged, Blind, and Disabled, Pharmacy Assistance, and Choices for Care use eligibility standards (Non-MAGI) that existed prior to the Affordable Care Act.

[5] If members do not provide financial information, they cannot be determined eligible for advanced payments of premium tax credits (APTC). However, as long as they enroll through Vermont Health Connect, they may still receive premium tax credits when they file their federal taxes.

[6] Values in parentheses are the equivalent values from September 2021

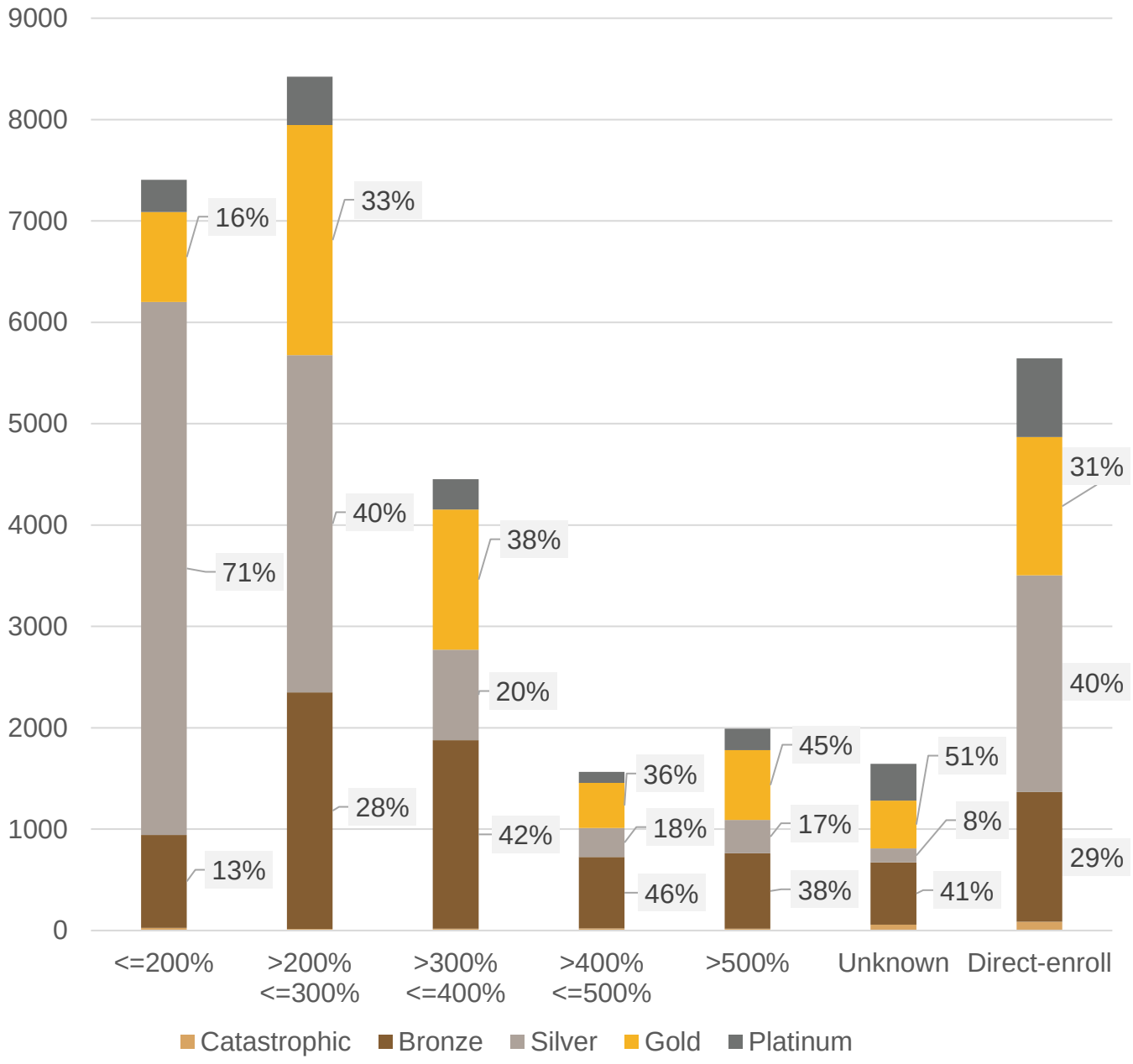
[7] These values are estimates due to the availability of data

A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS

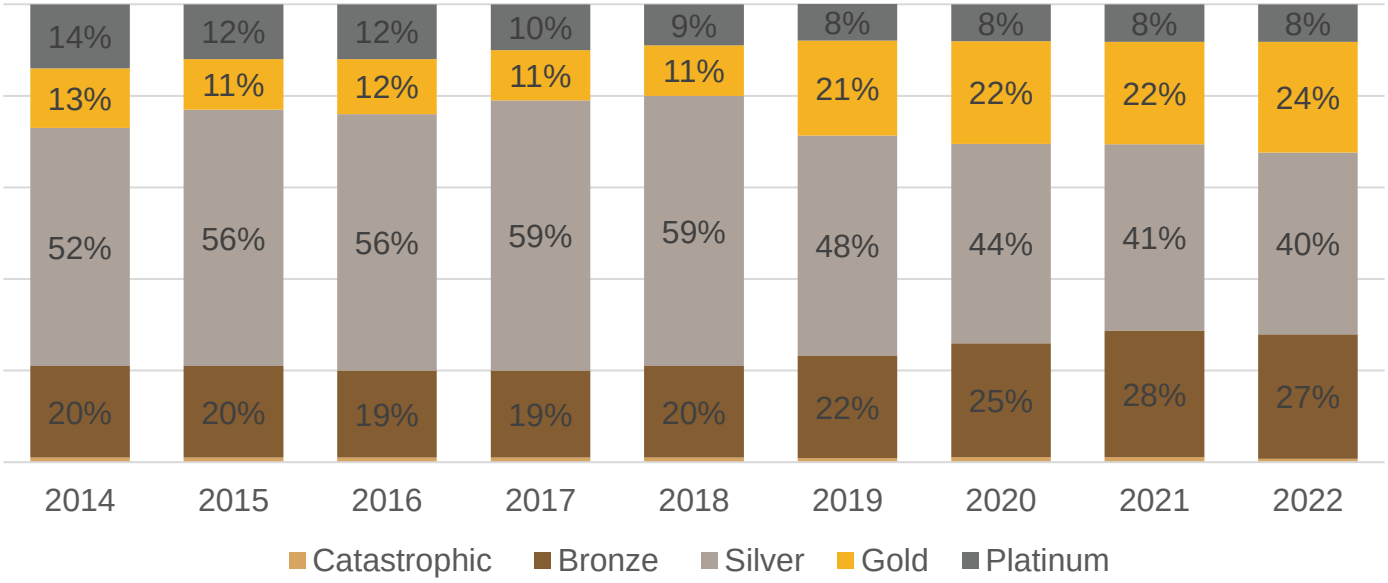


2022 Enrollment by Income

% enrolled in bronze/cat v. silver v. gold/plat



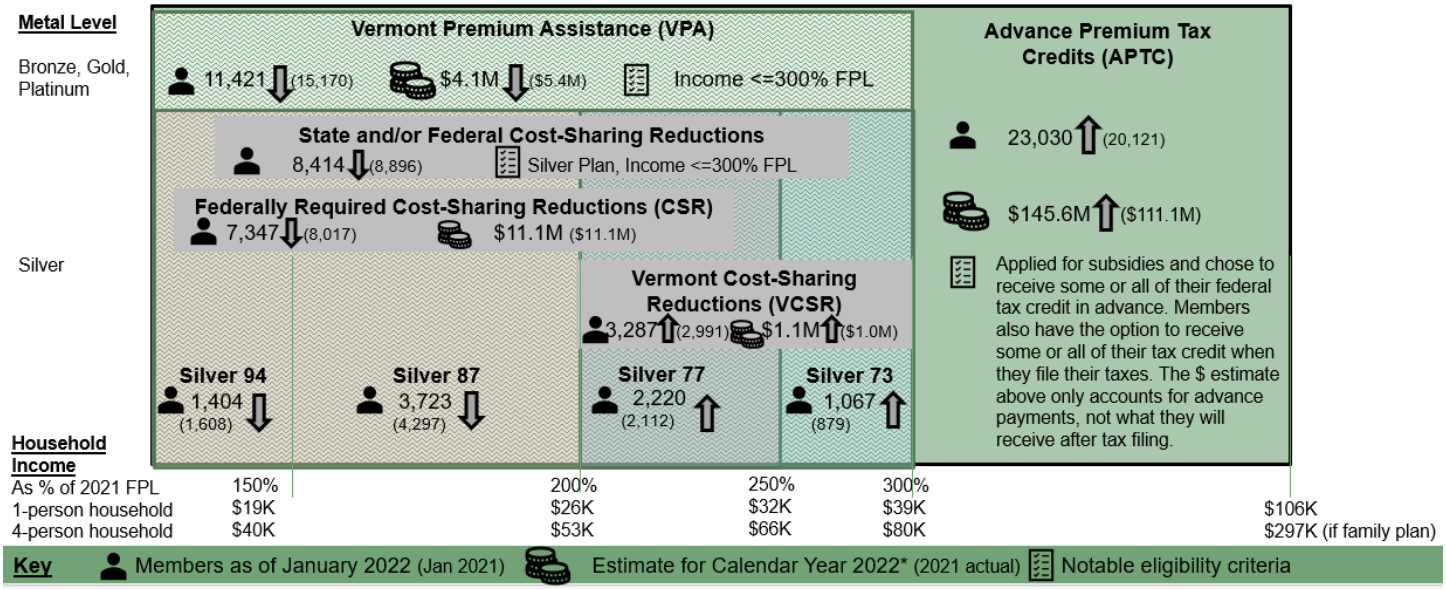
Metal Level Distribution by Year - Individual Market



VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS WITH SUBSIDIES

As of January 2022, nearly three-quarters of Vermonters in the individual market received federal premium tax credits to lower their monthly insurance costs. Many also received financial help to further reduce premium and out-of-pocket costs from the State and/or through federally required benefits. To qualify, they can't have another offer of affordable coverage, must enroll in a metal level plan, and must meet income guidelines.



*Estimates of total 2022 subsidies are based on January enrollment figures as well as typical annual attrition rates. This year's enrollment trends are likely to be atypical, due to 1) A longer open enrollment period resulting in an increase in enrollment from January to February; 2) An expected influx of new QHP enrollees coming from Medicaid after the restart of annual redeterminations; and 3) The potential for direct-enrolled individuals to transfer into the marketplace to take advantage of expanded subsidies. As a result, these projections could well underestimate the amount of subsides for this year.